FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSH	IIP
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	OMB APPRO	OVAL
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Scott Brian M.						2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC AHS									neck all app Direct Office	ctor er (give title	10 0)% Owr	ner
(Last) (First) (Middle) 12400 HIGH BLUFF DRIVE, SUITE 100						3. Date of Earliest Transaction (Month/Day/Year) 02/26/2014									helo	,)/CAO	elow)	
(Street) SAN DIEGO CA 92130 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Lin	ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - Non-	-Deriv	ative	Sec	curitie	s Ac	quired,	Dis	posed o	f, or E	3ene	ficia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/L						Execution Date			Code		Disposed	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			d Secur Benef	icially d Following	6. Ownersh Form: Dire (D) or Indir (I) (Instr. 4)	et of ect B	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A (D) or)	Price	Transa	Transaction(s) (Instr. 3 and 4)			
Common Stock 02/26					5/2014	2014		S ⁽¹⁾		1,075		D	\$14	1 3	4,725	D			
		Та	ble II - De (e								sed of, onvertib				Owned				
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			4. Transa Code (8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		tr. 3 unt	8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	hip of B D) Oect (I	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
c				Code					Exercisable Date			Title Shares							

Explanation of Responses:

1. The sale reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.

<u>/s/ Brian M. Scott</u> <u>02/27/2014</u>

** Signature of Reporting Person Dat

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.